

VETERINARY MEDICINE CONTINUING EDUCATION APPROVAL FORM

**Department of Health and Human Services – Division of Public Health
Licensure Unit
Board of Veterinary Medicine and Surgery
301 Centennial Mall South
P.O. Box 94986
Lincoln, NE 68509-4986**

FOR PRE-APPROVAL OF AN ACTIVITY, ALLOW 45 DAYS FOR A DECISION.

Nebraska-licensed Veterinarians must complete **32** hours of continuing competency activities biennially and Veterinary Technicians must complete **16** hours of continuing competency activities biennially as a condition for license renewal.

To be approved, the activity must meet the following criteria:

1. The activity must be at least one hour in duration;
2. The topic and/or objectives must relate directly to the practice of veterinary medicine and surgery or veterinary technology;
3. The presenter of the activity must be qualified by education, experience or training; and
4. Activities must be open to all veterinarians or veterinary technicians licensed in Nebraska.

Sponsors are responsible for monitoring attendance and furnishing each participant with evidence of attendance. Do not submit names of attendees to this office.

Limitations:

Practice Management: For purposes of license renewal, veterinarians can claim a maximum of 8 hours and veterinary technicians a maximum of 4 hours of practice management programs per renewal period.

Home Study: For purposes of license renewal, veterinarians can claim a maximum of 8 hours and veterinary technicians a maximum of 4 hours of home study courses per renewal period. Only home study courses with a testing mechanism that is scored by the provider or their designee will be accepted.

***** TO APPLY FOR APPROVAL, COMPLETE THE FOLLOWING *****

Name and Address of Program Provider: _____

Name of Contact Person: _____ Telephone () _____

Program Title: _____

Program Location: _____ Program Dates: _____

Number of hours for which CE approval is requested: _____

Any of the information requested on the reverse that is already contained in a printed syllabus or announcement need not be duplicated on this form, but must be submitted with this form for approval.

1. Program Schedule: List scheduled start and stop times for each activity, including breaks and lunches.

2. Provide a description of each activity's content and/or objectives

3. List the names and a general description of the qualifications of each presenter

4. Describe process used to verify attendance by participants

- a) Do attendees have any opportunity to leave during the seminar and return later and still receive full credit? _____
- b) Are certificates issued at the end of the seminar or mailed to the participant? _____
- c) If certificates are issued at the end of the seminar, can participants receive their certificates at any time prior to the end of the meeting? _____

5. Attach a sample copy of the documentation issued to the licensee as proof of attendance a the activity

Note: Certificates of attendance must contain at least the following information

- a) Name of activity
- b) Name of provider
- c) Name of licensee who attended the course
- d) Number of credit hours earned (actually attended) by the licensee
- e) Date(s) the course was attended by the licensee

You may submit with this application any additional documents or information considered relevant.

ATTESTATION

I _____ attest that the statements on this application are true and complete.
(typed or printed name)

Signature of Requester Date Signed

BOARD RECOMMENDATION